



The Council on Mentally III Offenders (COMIO) and Department of Health Care Services (DHCS)

"Justice-Involved" Health Care Utilization Study

Background:

In budget year 2016-17 COMIO was awarded funds to support an on-going project in partnership with DHCS to study patterns of health care service utilization among former offenders released from the California Department of Corrections and Rehabilitation (CDCR). Considering the high rates of behavioral health needs among the justice-involved population, a better understanding of *if* and *how* these individuals use their health care benefits is needed to inform policy and practice decisions. For example, are outpatient services used or is it primarily more costly emergency or crisis services? While tracking the utilization of behavioral health services is the primary objective, the project also has the capacity to look at utilization for physical health needs. The project will be managed within the DHCS Information Management Division and will produce informational quarterly progress reports and an annual analysis.

Core Project Goals:

- 1. Inform and increase understanding among policymakers and program administrators regarding health care utilization of former offenders and implications.
- 2. Provide information to state and county administrators to consider to support decision-making and improve service delivery to the formerly incarcerated with complex health needs, including behavioral health.
- 3. For the sub-population of individuals who use a significant amount of resources (e.g. super-utilizers) within this cohort, seek to bend the cost curve by targeting them with interventions.

Potential Future Project Goals:

- 1. Partner with other entities interested in studying this subject and population to measure the effects of health care usage on recidivism.
- 2. In partnership with state and county administrators, provide tools to support improved outcomes, such as:
 - a. identifying patterns of utilization,
 - b. identifying models of effective interventions,
 - c. identifying payment sources for effective interventions, and
 - d. providing guidance on data sharing.

Status:

Necessary administrative tasks have neared completion such as executing a Memorandum of Understanding (MOU) between CDCR and DHCS. A skilled Research Scientist to lead the project has been hired and begins work in February. The first progress report will be available at the end of the fiscal year.